

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2			/	/		
3	2		/	/		
4	2		/	/		
5			/	/		
6	2		/	/		
7			/	/		
8	2		/	/		
9			/	/		
10	2		/	/		
11	2		/	/		
12	2		/	/		
13	2		/	/		
14			/	/		
15	1	1	/	/		
16	1	1	/	/		
17	2		/	/		
18	2		/	/		
19	2		/	/		
20	2		/	/		
21	2		/	/		
22			/	/		
23			/	/		
24			/	/		
25			/	/		
26			/	/		
27			/	/		
28			/	/		
29			/	/		
30			/	/		
31			/	/		
32			/	/		
33			/	/		
34			/	/		
35			/	/		
36			/	/		
37			/	/		
38			/	/		
39			/	/		
40			/	/		
41			/	/		
42			/	/		
43			/	/		
44			/	/		
45			/	/		
46			/	/		
47			/	/		
48			/	/		
49			/	/		
50			/	/		
TOTAL IND.			2	2		
TOTAL DEP.			24	24		
TOTAL CLAIMS			26	26		

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS

IND.  
DEP.  
IND.

DEP.  
IND.  
DEP.

IND.  
DEP.  
IND.